

FORM NO. 5 MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

NOTE.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

N. B. McCaw, of Columbia.

CERTIFICATE OF BIRTH		File No.—For State Registrar Only
(1) PLACE OF BIRTH County of <u>Abbeville</u> STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		9066
Township of		
or Inc. Town of	Registration District No. <u>1-A</u> Registered No. <u>35</u> (For use of Local Registrar)	
or City of <u>Abbeville</u> (No. <u>Lawrence St.</u> St. <u>3rd</u> Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		
(2) Full Name of Child <u>Minna Estelle Meese</u> If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>X</u>
(6) Are Parents Married? <u>Yes</u>		
(7) DATE BIRTH <u>Apr 22</u> 191 <u>4</u> (Name of Month) (Day) (Year)		
FATHER.		MOTHER.
(8) FULL NAME <u>G. Earnest Meese</u>	(14) NAME BEFORE MARRIAGE <u>Marion Martin</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>White</u>
(12) BIRTHPLACE <u>Pa</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(18) BIRTHPLACE <u>Abbeville Co</u>
(13) OCCUPATION <u>Mail Coor</u>	(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>1</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*		
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>12:35 A.M.</u> on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)		
(23) (Signature) <u>[Signature]</u>		
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Abbeville</u>		
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
..... 191.....		(27) Filed <u>Apr 27 1915</u> (28) <u>J. G. Perrin</u> Local Registrar
Registrar		
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.		
Registrar		Local Registrar
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